

Early Graduation Request

Hillsboro High School

Student Name: _____ ID#: _____ Grade: _____ Date: _____

In order to encourage a sound educational plan, a discussion regarding early graduation should involve the student, parents/guardians and a counselor first. Then attach a letter of explanation for your request, a copy of your most current transcript, and a copy of your current schedule to this form. Return to your counselor.

Anticipated graduation date (when all graduation requirements will be completed): _____

Will you attend the graduation Ceremony? Yes No

List classes to be completed each semester to meet graduation requirements.

Semester _____	Semester _____

Identify the class you will take to complete your senior project.

Upon completion of the above courses, this student will have met all graduation plan requirements for his/her graduation.

This early graduation privilege is contingent upon available to space in classes and administration discretion Counselor's

Recommendation Yes No

Comments:

Counselor Signature: _____ Date: _____

Student Signature: _____ Date: _____

() Approved () Denied	
Administrator Signature: _____	Date: _____
Comments: _____	

Parent/Guardian Signature: _____ Date: _____